

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			11-16-00
FORMALITY REVIEW		49652	
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	
1 ✓	✓
2 0	1
3 ✓	
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5 ✓	
6 ✓	
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8 ✓	
9 ✓	✓
10 0	0
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16 ✓	✓
17 =	= ✓
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19 =	= ✓
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21 ✓	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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